

L10000067830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

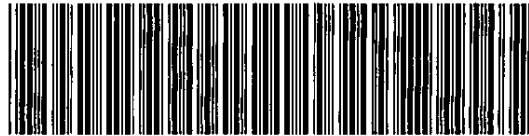
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2010 JUN 24 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 25 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLASSIC YACHT RESTORATION  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIXIE JUDKINS  
Name of Person

CLASSIC YACHT RESTORATION  
Firm/Company

869 CALLE MENUA  
Address

Englewood FL 34224  
City/State and Zip Code

m DAUG53@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIXIE JUDKINS at CELL 941-441-8316  
Name of Person Area Code & Daytime Telephone Number  
(941) 474-1016

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CLASSIC YACHT RESTORATION LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

869 CALLE MENUDA  
ENGLEWOOD, FL 34224

#### Mailing Address:

869 CALLE MENUDA  
ENGLEWOOD, FL 34224

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DIXIE JUDKINS  
Name

869 CALLE MENUDA  
Florida street address (P.O. Box **NOT** acceptable)  
ENGLEWOOD FL FL 34224  
City, State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Dixie Judkins  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2010 JUN 24 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

DIXIE JUDKINS  
869 Calle Menucia  
Englewood, FL 34224

MGRM

MILTON DAUGHTERY  
869 Calle Menucia  
Englewood, FL 34224

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Dixie Judkins

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DIXIE JUDKINS

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)